

**Application Data Sheet****Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: ORGAN PRESERVATION, PROTECTION  
AND RESUSCITATION WITH LOCAL  
ANESTHETIC  
Attorney Docket Number:: 27611/39002A  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 2  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

1-10  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Guy  
Family Name:: Weinberg  
Street of mailing address:: 1737 West Polk Street (MC 672), Suite 310  
City of mailing address:: Chicago  
State or Province of mailing address:: IL IL  
Postal or Zip Code of mailing address:: 60612

2-00

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: E.  
Family Name:: Hoffman  
Street of mailing address:: 1737 West Polk Street (MC 672), Suite 310  
City of mailing address:: Chicago  
State or Province of mailing address:: IL IL.  
Postal or Zip Code of mailing address:: 60612

3-00

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Family Name:: Ripper  
Street of mailing address:: 1737 West Polk Street (MC 672), Suite 310  
City of mailing address:: Chicago  
State or Province of mailing address:: IL IL.  
Postal or Zip Code of mailing address:: 60612

4-00

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Douglas  
Family Name:: Feinstein  
Street of mailing address:: 1737 West Polk Street (MC 672), Suite 310  
City of mailing address:: Chicago  
State or Province of mailing address:: IL IL.

Postal or Zip Code of mailing address:: 60612

**Correspondence Information**

Correspondence Customer Number:: 04743

**Representative Information**

Representative Customer Number:: 04743

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/41605	12/31/03
PCT/US03/41605	An application claiming the benefit under 35 USC 119(e)	60/437,200	12/31/02

**Assignee Information**

Assignee name:: THE BOARD OF TRUSTEES OF THE  
UNIVERSITY OF ILLINOIS, a body  
corporate and politic of the state of Illinois  
Street of mailing address:: 352 Administration Building, 506 South  
Wright Street  
City of mailing address:: Urbana  
State or Province of mailing address:: IL  
Postal or Zip Code of mailing address:: 61801